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1764  
ITW**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

Application Number	09/890,043
Filing Date	October 2, 2001
First Named Inventor	Peter Frederick Wilde
Art Unit	1764
Examiner Name	Tam M. Nguyen
Attorney Docket No.	690100.401USPC

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> <input checked="" type="checkbox"/> <b>Fee Attached</b> <input type="checkbox"/> <b>Amendment</b> <input checked="" type="checkbox"/> <b>After Final</b> <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> <b>Extension of Time Request</b> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Return Receipt Postcard</b> <input type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> ): _____ _____ _____ _____
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**Remarks****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Carol J. Roth Registration No. 32,783	Customer Number <b>00500</b>
Signature	<i>Carol J. Roth</i>	
Date	July 26, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

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